

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

No additional fees are seen to be due. However, if any additional fees are due, the Commissioner is authorized to charge them to deposit account No. 501324.

Respectfully submitted,

By: 
Russell T. Jordan

Exhibit A = Birth Certificate of Russell T. Jordan Daughter,
Sally Ruth Jordan (shows Dr. Russell T. Jordan was
30 years old when she was born on September 26, 1949.)
Dr. Jordan was born on January 28, 1919.



STATE OF ARKANSAS
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Registration District No. <u>635</u>		ARKANSAS STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS		30060	
Primary Registration District No. <u>2379</u>		CERTIFICATE OF LIVE BIRTH		192	
1. PLACE OF BIRTH a. COUNTY <u>Washington</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayetteville</u> c. FULL NAME (If not in hospital or institution, give street address or location) OF HOSPITAL OR INSTITUTION <u>City Hospital</u>		2. USUAL RESIDENCE OF MOTHER (where does mother live?) a. STATE <u>Arkansas</u> b. COUNTY <u>Pulaski</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Little Rock</u> d. STREET ADDRESS (If rural, give location) <u>517 W. 19th St.</u>			
3. CHILD'S NAME (Type or print) a. (First) <u>Sally Ruth</u> b. (Middle) <u>Jordan</u> c. (Last) <u>Jordan</u>		OCT 22 1949			
4. SEX <u>Female</u>		5. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		6. DATE OF BIRTH (Month) (Day) (Year) <u>September 26, 1949</u>	
7. FULL NAME a. (First) <u>Russell Thomas</u> b. (Middle) <u>Jordan</u> c. (Last) <u>Jordan</u>		8. COLOR OR RACE <u>White</u>		9. AGE (At time of this birth) <u>30</u> YEARS	
10. BIRTHPLACE (State or foreign country) <u>New York</u>		11a. USUAL OCCUPATION <u>Student</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Medical School</u>	
12. FULL MAIDEN NAME a. (First) <u>Grace Margaret</u> b. (Middle) <u>Culbertson</u> c. (Last) <u>Culbertson</u>		13. COLOR OR RACE <u>White</u>		14. AGE (At time of this birth) <u>29</u> YEARS	
15. BIRTHPLACE (State or foreign country) <u>New York</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? <u>1</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>			
17. INFORMANT <u>Mother</u>		18. SIGNATURE <u>Ruth E. Lesh</u> 18a. ADDRESS <u>Fayetteville, Ark.</u>		19. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify) <u>9-30-49</u>	
10. DATE REC'D BY LOCAL REG. <u>10-3-49</u>		20. REGISTRAR'S SIGNATURE <u>Mrs. C. B. Caddock</u>		21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)	
FOR MEDICAL AND HEALTH USE ONLY (This Section MUST be filled out)					
22a. PREGNANCY, Complications of		d. Length of Pregnancy <u>9 mo.</u> e. Did baby have any:			

THIS IS TO CERTIFY, That the above is a full, true and correct copy of the original certification which is on file in this office and of which I am legal custodian.

IN TESTIMONY WHEREOF, Witness my hand and seal of office, at Little Rock, Arkansas.

Feb. 17, 1950

State Registrar

Senior Clerk

THIS IS TO CERTIFY, That the above is a full, true and correct copy of the original certificate of live birth.

The foregoing instrument was acknowledged before me this 7 day of May 19 81 by Russell T. Jordan, Grace L. Jordan parents.

My commission expires Nov. 20 1987